

Research briefing

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Should screening for risk of gambling-related harm be undertaken in health, care and support settings? A systematic review of the international evidence.

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About the research

- Health and other care settings have the potential to act as screening sites to identify and support gamblers who may be at high risk of experiencing gambling-related harm.
- This systematic review aimed to identify what is known about interventions delivered by health, care and citizen support agencies to screen for risk of gambling-related harm in the general population.
- We included all studies with no limit on study design (along with grey literature sources), which considered the inclusion of screening and support for previously unidentified problem gambling in users of health, care and support services. Interventions for individuals already known to have a gambling problem, and interventions delivered by the gambling industry were excluded from the remit of this review.

Implications

- This review has identified that there is a growing body of evidence that screening and brief intervention for people at risk of gambling harm is feasible in a range of settings, and is already being delivered on a small scale and in pilot programmes.
- However, there is currently limited evidence for either the acceptability or effectiveness of screening and referral to specialist services in the field of gambling related harm.
- The current lack of a robust evidence base suggests that further development and implementation of screening interventions should only be delivered in the context of a research study which can evaluate both effectiveness and cost-effectiveness.
- There is also a need for evaluation in a range of different settings to identify which are likely to be the most effective in terms of the overall aim to reduce the individual and social costs of gambling related harms.
- Any evaluation of the effectiveness of screening interventions would also need to address service provision concerns. Therefore, screening must be considered in the context of developing a clear treatment pathway for gambling related harm.



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Key findings [1]

- The searches identified two distinct sets of evidence. Firstly, we found a small set of peer reviewed research papers (n=9) providing data from interventions and on practitioners' views. Secondly, we identified "grey literature" from practice sources, typically available via websites, which described relevant interventions and often included training materials, with these delivered in a range of settings.
- Three papers described the use of screening and brief intervention (SBIRT) to identify people experiencing or at risk of problem gambling and related harms (intervention studies). There were a further six qualitative and discussion papers looking at the feasibility of and potential for delivering such interventions (feasibility studies). This evidence from research was further supported by grey literature examples of where screening and brief intervention approaches have been adopted. These having often been adapted from interventions developed for use in substance abuse settings by practitioners, despite the absence of a specific evidence base to support their effectiveness in gambling addiction.
- The three intervention studies identified were delivered in general practice (Nehlin et al. 2016), a mental health support service (Dowling et al. 2018), and substance abuse treatment service (Achab et al. 2014). Feasibility and discursive reports focusing on general practice (Roberts et al. 2019, Rodda et al. 2018), mental health services (Temcheff et al. 2014), consumer credit counselling (Sacco et al. 2019) and social work (Rogers et al. 2013) supported these intervention papers.

Key findings[2]

- Thirteen grey literature sources were identified which specifically related to the delivery of SBIRT for people with suspected problem gambling. These sources provided examples of where SBIRT approaches had been transferred from substance abuse and other settings by practitioners. These examples from practice show services being provided in the absence of a substantial evidence base to support the effectiveness of this approach in problem gamblers.
- The 13 sources consisted of online tool kits, material from training sessions, webinars, websites, and links to pdf reports. The grey literature searches also identified a protocol for an RCT of SBIRT for problem gambling (Welsh 2019). The trial was due to complete in 2019. However, on contacting the trial protocol authors it was found that the research team had experienced problems in recruiting clinics to the trial and was yet to commence data collection.
- This evidence indicates that in practice, SBIRT type approaches are being used in health and care settings such as mental health, substance misuse treatment, primary care workers, clinicians, advisers support workers and other healthcare professionals, social work, service for military personnel, and general guides for using SBIRT in gambling. However, these grey sources do not provide any information on the level of provision or the effectiveness or acceptability of the services to their clients.

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